

**Application for Special Inspector License**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Boiler Division  
P.O. Box 30255  
Lansing, MI 48909  
517-241-9334

165

**Fee: \$75.00**

Authority: 1965 PA 290 Completion: Voluntary Penalty: License will not be issued	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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**Instructions**

- Complete and sign the application. Type or print in ink.
- A photostatic copy of National Board Commission or state Certificate of Competency must accompany this application, unless already submitted.
- Any change of inspector's home or business address must be reported to the Boiler Division.
- Inspectors must appear before the chief boiler inspector before issuance of a license for an oral review of the Michigan Boiler Rules and Regulations, unless previously licensed in Michigan.
- P.A. 236 of 1996, as amended, requires an applicant to include his or her social security number. However, a requirement under this section to include a social security number on an application does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.
- Enclose a check or money order payable to the **State of Michigan**.
- Mail completed application and fee to the address above.

**APPLICANT INFORMATION**

NAME OF APPLICANT		SOCIAL SECURITY NUMBER		NAME OF EMPLOYER		
ADDRESS				ADDRESS		
CITY		STATE	ZIP CODE	CITY		STATE ZIP CODE
ARE YOU A CITIZEN OF THE U.S. YES NO				NAME OF SUPERVISOR		

**CERTIFICATE OF COMPETENCY TO INSPECT BOILERS FROM OTHER STATE(S)**

NAME OF STATE	COMMISSION NUMBER	DATE
	NATIONAL BOARD COMMISSION NUMBER	DATE

**EDUCATION**

NAME OF HIGH SCHOOL	HIGHEST GRADE COMPLETED
NAME OF COLLEGE	DEGREE RECEIVED
LIST ANY SPECIAL TRAINING	

**WORK EXPERIENCE** (Describe your duties in detail to enable the reviewer to correctly evaluate your qualifications)

**BOILER SHOP EXPERIENCE**

EMPLOYER	DUTIES PERFORMED		
ADDRESS			CITY/STATE/ZIP CODE
DATES OF EMPLOYMENT			
FROM:			TO:

**BOILER INSTALLATION EXPERIENCE**

EMPLOYER	DUTIES PERFORMED		
ADDRESS			CITY/STATE/ZIP CODE
DATES OF EMPLOYMENT			
FROM:			TO:

EMPLOYER	DUTIES PERFORMED		
ADDRESS			CITY/STATE/ZIP CODE
DATES OF EMPLOYMENT			
FROM:			TO:

**BOILER INSPECTION EXPERIENCE**

EMPLOYER	DUTIES PERFORMED		
ADDRESS			CITY/STATE/ZIP CODE
DATES OF EMPLOYMENT			
FROM:			TO:

EMPLOYER	DUTIES PERFORMED		
ADDRESS			CITY/STATE/ZIP CODE
DATES OF EMPLOYMENT			
FROM:			TO:

**OTHER RELATED EXPERIENCE**

EMPLOYER	DUTIES PERFORMED		
ADDRESS			CITY/STATE/ZIP CODE
DATES OF EMPLOYMENT			
FROM:			TO:

EMPLOYER	DUTIES PERFORMED		
ADDRESS			CITY/STATE/ZIP CODE
DATES OF EMPLOYMENT			
FROM:			TO:

**CERTIFICATION AND SIGNATURE**

I certify all information contained in this application is true and complete and I agree and understand any falsification of facts will result in my forfeiting any rights to a special inspector's license.		
APPLICANT SIGNATURE		
SUPERVISOR OF APPLICANT	TITLE	DATE